## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06-23-2010</u>	Address:	101 EAST ELKHART ST.
Case #:	<u>24F31645</u>		BRISTOL, IN
County:	ELKHART/20		<u>46507</u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other: GARAGE
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: GARAGE			
Water Reactive Metal (Lithium): <u>GARAGE</u>			
Anhydrous Ammonia: GARAGE			
⊠ Corrosive Acid: <u>GARAGE</u>			
Corrosive Base: <u>GARAGE</u>			
Other (item and location):			
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		<ul> <li>Investigative Information</li> <li>☐ Ephedrine/Pseudoephedrine Tracking Log</li> <li>☐ Retail/Merchant Tip</li> <li>☐ Other:BRISTOL PD</li> </ul>	
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: BRISTOL	Fax: <u>574-848-4155</u> Fax: <u>574-529-6786</u>	
Health Department: <u>ELKHART</u>		Fax: <u>574-3</u>	
Child Prote	ection Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: B. WENTWORTH 7720 Phone 574-546-4900			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.